

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 005616	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/07/2013
NAME OF PROVIDER OR SUPPLIER BRIDGE AT GARDEN PLAZA		STREET ADDRESS, CITY, STATE, ZIP CODE 8614 W 10TH ST INDIANAPOLIS, IN 46234		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00133285.</p> <p>Complaint IN00133285 Unsubstantiated due to lack of evidence</p> <p>Survey date: August 7, 2013</p> <p>Facility number: 005616 Provider number: 005616 AIM number: N/A</p> <p>Survey team: Connie Landman RN-TC</p> <p>Census bed type: Residential: 87 Total: 87</p> <p>Census payor type: Other: 87 Total: 87</p> <p>Sample: 3</p> <p>Bridge at Garden Plaza was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00133285.</p> <p>Quality Review 08/07/13 by Lisa McColly</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE